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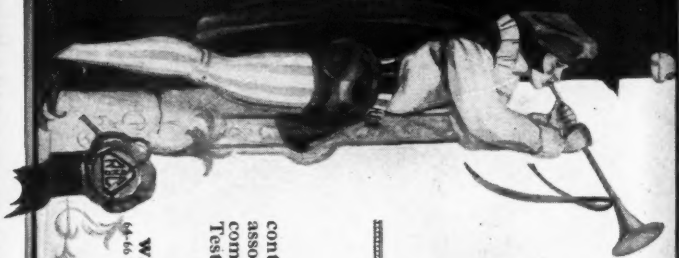
Vol. IV

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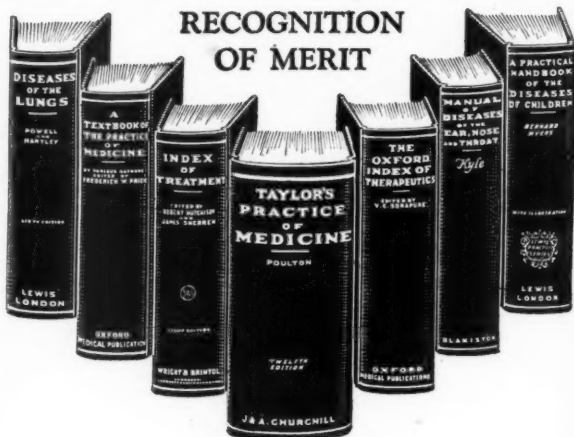


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MEDICAL ECONOMICS

"The Business Magazine of the Medical Profession"

Rutherford, New Jersey

Vol. IV., No. 6

March, 1927

Appointing Your Patient's Reception-Committee

By Theodora Brownfield
Los Angeles, Calif.

IN the last two years I have averaged, because of ill health, probably a visit a week to physicians. I have therefore had ample opportunity to study doctors' offices, especially the waiting rooms.

Study is the word!

I have whiled, idled, shilled and dallied away full many and many a tedious wait examining in detail every point about various offices, their appearance, their weaknesses, and the atmosphere about them.

And from the bottom of my heart I offer these suggestions for increasing efficiency via the office.

Take up first the appearance of the doctor's waiting room. Should it not be cheerful, light, sunny if possible, comfortable in temperature and well ventilated?

Cheerfulness is the greatest requisite of all. What a world of difference it makes to the pain-wracked individual, the timid patient, the depressed and mournful one, to step into a reception room that is all smiles!

It is right here that the physician often gains or loses a regular patient. Most people are affected more than they realize by the appearance of a place, and if it isn't inviting, they don't return.

I know a waiting room where it never seems long to wait because a south exposure lets in four windows-full of sunshine, as well as a sweeping view of the busy city where this office is located.

Ventilation is also delightful here, since it is high enough up in the office building to get good air. And in winter steam heat always keeps the room at a comfortable temperature.

AND, by the way, that matter of heating! It so happens that cold waiting rooms are to be found.

I've heard people complain again and again of cold waiting rooms, vowing never to return there again because of the chill that started up an ear-ache again, or induced a few sniffles, and this while waiting for help to get well!

Comfortable temperature—cool in summer and warm in winter—is another efficiency measure to keep patients contented. And when ventilation is being provided, a sufficient supply of fresh air to drive out "druggy" smells will get a vote of thanks from most patients.

A discussion of furniture can hardly be covered here, but one point does need emphasis and that is comfortable chairs in which to

sit. Sit is a word of only three letters, but my Heavens, it has pervaded my entire mind at times.

One office I visited prides itself on the small stiff-backed chairs that are ranged neatly around the room, probably with the idea of efficiency, but it works quite the other way.

Still another thing that I have—believe it or not—seen is the use of make-shift furniture.

An old piano stool, odd shaped seats and settees, soiled lace curtains, faded draperies, scuffed and threadbare rugs and dusty paper flowers—I mean I *actually* have! I have seen all of these things where a prosperous practice made them wholly unnecessary.

Clean wholesome surroundings are essential in doctors' offices.



KEEPING PATIENTS CONTENTED

As for ornaments, or trimmings, better none than jaded or faded ones.

Old magazines have long been the butt of so-called jokes, pleasantries, or wise-cracks.

Is there a reason for it? *Yes sir!* If doctors only realized how helpful it is for fidgety patients to read while waiting, I'm sure they would subscribe to at least five good magazines—a funny one, an all-round one, fiction, scientific, and children's periodicals, besides the daily papers.

It is just good plain sense to keep patients from getting tired or out of humor, when so little is needed to please them.

The atmosphere of the office is given quite often by the attendant, or nurse in charge. Not always does a doctor realize the impression that is being created before the patients reach his own private office.

I'm thinking particularly of an office where the attendant has a hesitant, uncertain manner, that is at the same time abrupt almost to the point of rudeness.

My first conclusion was that she was overworked, or new in the position. But after a year's observation I have decided that it was her idea of being business-like.

TO any query about the doctors who had offices in this suite of rooms, she would leave patients dubious as to the chance of ever seeing any one of the doctors.

"You might wait—" "I think he will come in today—" "He may come in around three" or "Wait if you wish" were some of her characteristic replies, none of which tended to increase an attitude of good-will, and I've seen many a patient slip out with a pathetically puzzled expression.

Yet another attendant I have met gave quite an unfortunate impression of a certain doctor by boosting incessantly for him. The sad (or funny) part was that he needed no such advance publicity agent.

A call on the telephone would bring forth the attendant's announcement in loud tones—"Oh yes, Mrs. So and So—Come up right away. We'll try to squeeze you in *someway*, but the doctor is *so* rushed today. We're *so* busy—"

And the few patients waiting



THAT TERRIFYINGLY FORMAL NURSE

in the room would look from one to another in amused silence.

Then there is that terrifyingly formal nurse who takes the patient's name and address down in frigid silence and leaves the patient wondering—"Oh operating room, where isn't thy sting!"

Another attendant, quite the opposite in disposition, is the noisy, slangy one who spends her spare time chatting 'chummily with some one patient about the details of a case.

And while she may be more approachable, she does not give a pleasing impression. Too much sociability may be annoying.

If a doctor has a relative—his wife, his daughter, or his sister perhaps—to assist, I firmly believe it is well to avoid sociability, for many patients do not welcome being talked over in the family.

The attendant most to be desired, of course, is the one who makes patients feel at ease while waiting and sees that they get their turn in turn.

IN regard to "who's next"—one office I have visited has a very good method. As soon as a patient enters, he is given a little round ticket with a number on it. He may, if familiar with the custom, help himself to one, the tickets being fastened on a stylus on the desk by the entrance. This eliminates any feeling of favoritism in showing some patients in ahead of others.

As for ushering the patients in to the doctor, I have another little suggestion. It is indeed awkward for a patient, going for the first time into an office, to have to learn for himself that office's customs. The girl in charge should take the initiative.

I recall the embarrassment I felt



EFFICIENCY SPELLS SUCCESS

in a large crowded waiting room, when the jerky, abrupt receptionist called aloud—"Your turn. The doctor can see you now"—and I had no idea which door to head for!

"Which way?" I ventured looking about at several doors.

She nodded down a long corridor that had three closed doors.

"At the end,"—she called as I hesitated again, and when I arrived at the door I knocked.

Observing this she called—"Don't knock—go in"—and thus did I learn the custom of this office.

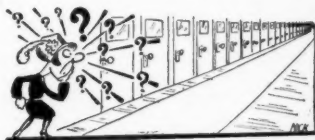
A little explanation along this line, showing the way or telling how or what to do—to knock, or ring, or walk in—all helps the physician and is gratefully received by the patient.

And I think the doctor himself should aim to have this point in mind when treating a patient.

Taking things for granted is not always pleasant and many times is awkward, making a patient wish he hadn't come.

I've heard people say—"I won't go again. I felt like a fool"—or "I was simply scared stiff"—and yet it was only a slight matter.

Taking bloodpressure for the first time or giving a hypodermic

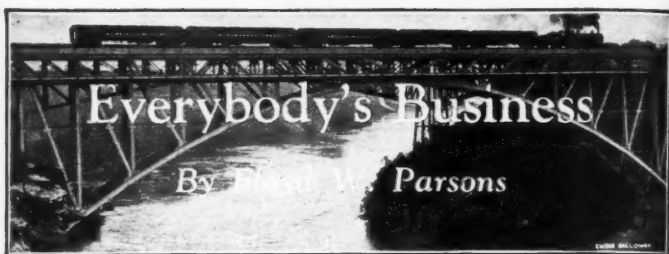


WHICH DOOR?

may be actually terrifying to the timid patient. Scaring or embarrassing patients does not tend to increase, or enlarge, practice.

A nurse or assistant is of course helpful, for women patients especially like to turn to them for little aids.

The physician can make himself so much better appreciated and liked if he does explain the little steps—what to him is perhaps routine. It is again just a little matter of efficiency that spells success in maintaining a good office practice.



"THE Good Old Days." What a misnomer! Prejudice was rooted deep, science condemned, and everything new regarded with suspicion. Many believed that nothing should ever be done the first time. They were sure that the really important discoveries in chemistry and physics had been made, and that future progress was dependent upon more refinements in elements already known. No one had ever heard of anything smaller than a molecule, and the sensation of the day was Harvey's announcement of a system of blood circulation. Although cast into the Garden of the Gods, the folks of "the good old days" were content to subsist on weeds.

All worth-while advances were misunderstood and opposed. The press was dead set against the introduction of gas for illumination, chiefly on the grounds that it might encourage late retiring and frighten horses. One state taxed bathtubs \$30 a year. The Board of Education of a Pennsylvania town refused to permit the use of their public school auditorium for a debate about railroads and telegraphs on the ground that it would be rank infidelity to allow open discussions of such nefarious institutions. The waltz was denounced as a foreign abomination, for no lady could possibly allow a gentleman to place his arm around her waist. Joshua Coppersmith was suspected of fraud and jailed in New York for trying

to interest people in a device that would transmit the human voice over wires, while a woman in Providence was arrested for going without a petticoat.

THE people of yesterday saw Robert Fulton ridiculed, Westinghouse rebuffed and Edison jeered. They laughed at Good-year when he became a showman and donned India rubber clothes in order to prove his point. Many of them read the words of the Ohio editor who lauded the bicycle, but added, "A man has invented a horseless wagon. Some day he will go back to the grocery and do some good in the world." Yesterday was as much like the present as the Indian's smoke signal is like the flash of a radio message to a ship at sea.

Now the waltz is nothing more or less than a breath restorer to the disciples of jazz. The newly-born babe has a life expectancy of 59 years, as compared with 32 a century ago. When Lincoln was President, twenty babies out of every 100 died before a year had passed—now only ten die. No longer need our men of science turn themselves into clowns in order to get a hearing, and it takes something more than the mere effort of a utility to increase the cost of a street-car ride or the price of a telephone call to start a mob marching on the City Hall.

Smart executives have come to realize that our greatest industries are in lineal descent from research laboratories. Nearly

everyone appreciates how fortunate we are to have people among us who look at the apple on the tree and wonder why it grows, rather than how it tastes; and who are more interested in the structure of gold than in its possession. This new attitude has made possible the harnessing of the River Shannon and the construction of a railroad through Robin Hood's Sherwood Forest. It has built a dam across the Jordan and put automobiles on the Road to Mandalay.

The most startling happenings in history are now coming from men and women who, a few years

ago, were classed in the category of dreamers. They are the ones who have made it possible to produce radio dials from the hulls of oats, buttons from corncocks, poker chips from cheese, and umbrella handles from milk. A dozen new synthetic products in the last two years have revolutionized basic businesses. Not a day passes without some far-reaching change in style, habit, or viewpoint. The average person is almost as much annoyed at present when he misses a sec-

tion of a revolving door as was his forefather when he failed to catch a stage coach that ran three times a week.

No human is wise enough today to know where the benefits of a new discovery will fall. It was atmospheric conditions that made England the world's center of textile manufacturing not so many years ago. It was also climate that prevented us from locating our cotton mills down South where the plants grew. Then along came some engineers and chemists who gave the problem their attention, and now we can produce indoors any kind of climate that one desires.

He minds "Everybody's Business"



FLOYD W. PARSONS—engineer, editor, author, journalist, and West Virginian! Lehigh University '02. Career as mining engineer; founder and editor of *Coal Age*; member of commission of journalists invited to Europe by British and French governments during war. Regular contributor to "The Saturday Evening Post", "World's Work", and others.

A man, sirs, whose hobby is to compress facts into mental yeast cakes! They lift the mind out of its workaday mould. You will find "Everybody's Business" a freshening glimpse each month, a release from too close application to "minding your own business".

Mr. Parson's monthly article will appear regularly in MEDICAL ECONOMICS

ago, were classed in the category of dreamers. They are the ones who have made it possible to produce radio dials from the hulls of oats, buttons from corncocks, poker chips from cheese, and umbrella handles from milk. A dozen new synthetic products in the last two years have revolutionized basic businesses. Not a day passes without some far-reaching change in style, habit, or viewpoint. The average person is almost as much annoyed at present when he misses a sec-

THIS same discovery is already exerting its influence in dozens of other industries. It saved the day for the Rayon (artificial silk) business by doing away with climatic hazards. It has shortened skirts by placing attractive stockings within the reach of more millions of women. It has made it possible for New York City to house a great national convention in summer time in a building where the weather is manufactured and "Every day is a good day."

The Physician's Income vs. Savings

---An Economic Paradox*

By Harold Hays, M.D, F.A.C.S.

New York City

A SHORT time ago, a doctor rang me up on the phone and asked me whether I could help out a mutual medical friend who was down and out. The impoverished physician had at one time been a professor in one of our medical schools, had had a practice which netted him many thousands of dollars a year and had been envied by the majority of his confreres. Yet at the age of seventy he was unable to make a living and was willing to take any kind of a job to bring in enough to put food into his mouth and keep a roof over his head. When I went over to see him, I was distressed at the evident poverty. There he sat in a once luxurious apartment which now was bare of everything but a kitchen table and a few kitchen chairs.

Why was this great man, as lovable and as serviceable as ever, in this position? Why was he unable to keep the wolf from the door? Surely this was not a case where money had not been made.

Rather it was a case where money had not been saved.

This man had made many times over what it would cost any of us to live today. If he had saved only one per cent of his earnings, he would now be able to look his fellow-men in the face instead of begging!

It is because of heart-rending calls like this that I am going to ask some fair, if personal questions. First, how are you making a living? By that, I mean, is it necessary for you to resort to questionable means to increase your income? Second,

are you able to analyze your income? By that I mean, are you in a position to tell exactly what it casts you to run your office, how much to run your household, and how much you owe yourself in salary at the end of the year?

If you are not able to do that, you do not know whether you are running your business at a profit or loss. And thirdly, how much are you actually able to save during the year?

Let me place an axiom right here. One can measure his financial success by balancing his sav-



*Read before the Bronx County Medical Society, Nov. 17, 1926.



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ings against his earnings. The man who makes a thousand dollars and spends eleven hundred is worse off than the man who makes five hundred dollars and saves fifty cents.

IN ALL the economic discussions I have heard during the past decade, the momentous question has arisen as to how we should be able to stop the inroads on the physician's income. The chiropractor, the Christian Scientist, the faith healer, the various quacks, the druggists who prescribe over the counter, have been variously and continually condemned.

There is no doubt that a great deal of money is mis-spent every year—money which the doctors think should go to them. But history continually repeats itself and as long as human nature remains what it is, the showman inside and outside of medicine will get money he doesn't deserve. However, with all these inroads (and I could possibly include state medicine and workmen's compensation) there is always a place for the honest physician who holds his families by the power of his personality and the goods he is able to deliver.

There is room for us all. And the keener the competition, the more a man keeps on the *qui vive* to do good work. The best evidence that to throttle competition means stagnation, is found in those sparsely settled counties in which there is only one physician. Does he make a poor living because he hasn't any practice? No. He makes a poor living because he falls into a *laissez-faire*, don't care attitude. Anything he says goes; he knows he won't be contradicted.

Of course there are exceptions to prove the rule. For every patient that joins the Christian Science Church, there are thousands that do not. For every patient that goes to a chiropractor, there are thousands who do not. In

other words, the competition is between ourselves where it should be. And I am happy to say that it is honest competition in the majority of cases.

A PHYSICIAN is apt to neglect the economic trend of the times, to fail to realize that he can not work for the same fees today that he did twenty years ago. There are many men who are doing exactly that. A doctor friend of mine, from a small town in Pennsylvania, was visiting me. I told him that I had been asked to speak before a certain national society on the Economics of the Specialist's Practice. I began to sound him out. The questions and answers went something like this.

"How many patients do you see a day?"

"About fifty or sixty."

"Do you think you can handle

Medigram NO. 6

Gratitude, to physicians at least, is too often in direct proportion to the size of the bill rendered and PAID.

that number of patients conscientiously?"

"No."

"When did you start in practice?"

"In 1913."

"How much did you charge a visit?"

"A dollar."

"How much are you getting for a visit now?"

"The same."

"You realize that a dollar is worth only fifty cents today in purchasing value, don't you? Therefore you are getting only fifty cents a visit."

"Yes. I know that. But what am I going to do? All the other

doctors charge that. I don't think my patients would pay more."

"In other words, you want me to believe that, after thirteen years of experience, you are not worth more to yourself or to your patients. If you feel that way, you have an inferiority complex. The thing for you to do is to try to cut your practice in half so that you can do more conscientious work and charge your patients at least twice as much. Not only do I feel that you won't lose anything by it but your patients will think more of you. The probabilities are that the rest of the men in your community will follow your example and patients will pay what they should."

THEN I made the sporting proposition to him that I would make up the deficit in his income at the end of the year, if there was one. An interesting aftermath of this example will now be revealed. This doctor

Medigram NO. 7

Another curious irony of medicine is the fact that the patient who boasts the loudest about his surgical operation is usually the most modest in estimating his own financial status.

sent a patient on to me have his tonsils removed. He could have had the job done for fifty dollars in that town. It probably would have been done well.

This man paid me two hundred and fifty dollars for the tonsil operation, after paying forty dollars for an examination which included x-ray pictures. He paid

at least one hundred to the hospital. And on top of that he gave me a present which equalled ten dollars. I told him what I had suggested to our mutual friend and his reply was what it should have been: "He was a damn fool not to raise his fees long ago."

But the increasing of one's fees is not the only way for the physician to increase his income. The carelessness with which the average physician keeps his accounts is appalling. It often happens that not only is he ignorant of the volume of business he has done for a single month, but he is careless in sending his bills out promptly, and careless in his following them up. He fears that if he duns his patients they will feel offended and will leave him.

Such reasoning results in a ridiculous business policy and cheats the physician out of his just right. It is almost axiomatic that certain patients will not come near you while they owe you money and it is surprising that often such patients will return when they have once paid their bills.

I can cite the case of a patient who owed me quite a few hundred dollars. His account was sent to a collector. The case came to court and the bill was paid. A few months later this patient came to me again after remaining away for almost two years. Even when I informed him that my fees were higher and that he would have to pay cash, he cheerfully went through the treatments and we are good friends today.

This reminds me of the doctor who came to me last spring for my advice. He has an excellent practice on the upper West Side of New York. He had sent out bills for many thousands of dollars on the first of the month and only collected a few hundreds in this third week of the month. I went through the situation with him and finally arranged for him

(Turn to Page 18)

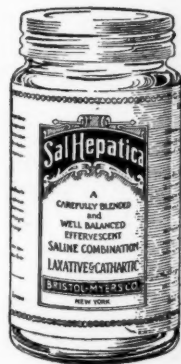
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Who Foots the Joy-rider's Bills?

I FULLY EXPECT that someone will accuse me of being a crank on automobiles. But if I seem partial to the smell of oil and gasoline as a subject to say a few words on now and then, it is only because I love the grip of a walnut steering wheel, and respect the great boon which automotion has meant to the practice of medicine.

Bear with me a few more paragraphs, and then I will switch to somebody else's hobby—onions or banyan trees, for example.

Massachusetts has a new law, the Compulsory Insurance Act. It applies to automobile owners. In order to get 1927 registration plates in Massachusetts, one must either put up a high bond for his financial responsibility in case of accident, or present proof that he has an automobile liability insurance policy.

Naturally, the insurance policy is easier. What the act amounts to then is that every automobile bearing 1927 Massachusetts registration plates is insured to make good any damage to life or limb which it may cause.

The man whose sole property consists of \$35 worth of Ford is now practically as responsible as the man who operates a pair of limousines, provided he registers his dilapidated gas-buggy in the Commonwealth of Massachusetts.

Since the cost of an insurance policy may be even more in some cases than the cost of an antiquated flivver, it is expected that many a wheeze and clank will disappear forever from the roads of the Old Bay State. Few good citizens will shed tears over this aspect.

The insurance companies are not certain whether they can make money on the Act or not; but that is not the important factor. Fewer automobile-accident widows will be left penniless, and fewer pedestrians will have their savings wiped out by an expensive stay in the hospital. That is the big thing.

By a remarkable coincidence (?), MEDICAL ECONOMICS pleaded for compulsory insurance back in its issue of April, 1925. Perhaps that article, by its influence upon physicians of Massachusetts, played some part in bringing the Act to pass. I like to think so, at all events.

This makes me want to believe that the physician who is reading these words right now will be influenced to urge such a bill in his own state.

Medical men, better perhaps than any one else, know the disastrous results attending the joy-rides of irresponsible drivers. According to the Massachusetts scheme there will be no irresponsible drivers. At least the victim stands a fighting chance of collecting what is due him.

And who knows but what you yourself may some day be the victim?

H Sheridan Baker.

Irrefutable Evidence

THE make-up of a remedy is essentially important, and the rational composition and character of Agarol give it a particular appeal to physicians of experience.

But it is what this preparation actually does when used in practice that tells its true worth. For instance, of 400 cases of chronic constipation treated in a New York hospital with Agarol, not only was every case markedly relieved, but—and this is the significant fact—a large percentage had their intestinal functions re-established in from two to four weeks!

You can obtain the same results with Agarol in your daily work.

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Perfect emulsification; stability; pleasant taste without artificial flavoring; freedom from sugar, alkalies and alcohol; no contraindications; no oil leakage.

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II Olympic Winter Games at St. Moritz, February 11 to 19, 1928.

Income vs Savings

(Continued from Page 14)

to borrow some money to help him out of his temporary difficulty.

WHEN we came to analyze his bills, I found that some of the accounts were many months old; some were years old. He had been afraid to place these accounts in the hands of a collector.

I talked to this man like this: "There are two ways for a doctor to lose money, Jack. One is to get nipped in some fly-by-night scheme and the other is his neglect to get in the money that is due him. Once you have rendered an honest service, you are entitled to an honest fee, paid within a reasonable length of time. If you don't get it, you lose money. Here you furnish the example. You are going to borrow money at six per cent. Any person who owes you money over three months and makes no decent excuse for not paying, is going to wait to pay as long as you will let him."

I am happy to state that he is on his feet again.

I care not how large or small a man's practice is; I care not whether a man is just starting in practice or has been in practice for twenty years. I am sure that he will be able to make and save more money if he will systematize his practice in a business-like way, if he will send out his bills regularly, if he will insist that his patients pay him within a reasonable length of time. I claim that a man is worthy of his hire and that if he doesn't collect what is due him, he has no one to blame but himself when he finds himself on the wrong side of the ledger at the end of the year.

If a man starts in a new business with a capital of five thousand dollars, he may consider that he has a right to draw out fifty dollars a week. At the end of ten years, with an appreciable gain in business and a capital which

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has grown to one hundred thousand dollars, he has a right to consider that his drawing account should be at least five hundred dollars a week.

The doctor has a right to reckon his services in the same way. He may not add to his tangible investment in stock in the way the merchant does, but he does add to it in the way of experience and knowledge and the amount of available time he has to see patients, for we shall assume that he is a much busier man than he was when he first started out.

But how many doctors reason that way? How many doctors attempt to ascertain their net earnings for the year? It is never in any case a question of how much money one takes in; it is a question of deducting office expenses and then reckoning how much is left for personal use. If a physician finds out that his office expenses are at least half of his earnings, he will discover, in the majority of instances, that he is cheating himself, for there will be little left for his personal use.

HOW is one to overcome this difficulty? Primarily it is necessary for a doctor, as well as any business man, to place himself on a drawing account which is sufficient to meet his ordinary, personal expenses. Secondly, all office expenses should be paid out of the remainder and, if a surplus is left at the end of a certain period, he should declare a dividend to himself. In that way and that way only, will he be able to meet his expenses, both in the office and the home, not over-extend himself, and have something left at the end of the year to put into safe investments.

One may ask how he can avoid giving his patient the impression that the chief thing that he is after is the almighty dollar. As long as the doctor thinks of his cases in terms of dollars and

(Turn to Page 49)

35 years!

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has been continuously used and prescribed by the medical profession for over 35 years. During all this time, it has been advertised *exclusively* to the profession.

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"Surgical Judgment" Fairly Judged!

Fred R. Fairchild, M.D.

Woodland Clinic
Woodland, California

THE unexpected interest and discussion that followed the reading of an essay on "Surgical Judgment" before the California Medical Association in 1925, and the many queries that have come since the article was published in the April number of California and Western Medicine for 1926 seem to justify its further consideration.

The title "Surgical Judgment" was, frankly, a deliberate misnomer insofar as the real motive for the paper was concerned. It served the purpose of getting before the Surgical Section of the Association certain facts that the author considered of vital importance.

Relieved of the handicap of attempting to write to a title, the intent of the essay can be more clearly set forth.

With full appreciation of the great advances made in medicine and surgery in recent years and recognizing and honoring the honesty, earnestness and efficient purpose of the majority in the regular school of medicine we nevertheless see within our organization indefensible conditions—conditions that tend to discredit every one of us in the minds of the laity.

The conditions are correctable.

They are the results of motives commendable, but misguided. Believing as we do in the principles and practices of medicines accord-

ing to our time-honored code of ethics, what more natural than that we should continue to apply this code to the letter instead of permitting our professional conduct to be directed by its spirit?

The code is intended to operate in the interest of the patient. If its application is in contravention to his greatest good it is untenable.

If one of our own profession is for any cause unable to perform the duties of his calling with full justice to the patient, the spirit of this document

certainly does not demand that his confreres uphold him.

Yet for ethical reasons we do keep silent. This silence is a tacit approval and the inevitable consequence of the mistreatment is, not a loss of confidence in the individual, but a loss of faith in all physicians of the school who silently approved that which was wrong.

The paper on "Surgical Judgment" was intended to emphasize the truth that judgment was fundamental in surgical procedures and that it could only be exercis-

Judge for Yourself:
"EVERY individual by law made eligible to operate should by law be required to keep records of his cases....for review."

"This would work no hardship and could entail no embarrassment on the competent surgeon....It is obvious what the effect on the incompetent and dishonest would be."

"One may administer the physical estate of the deceased. Does the court accept the executor's statement that he has done it honestly and well? The court does not. Records are checked to the last dollar....How much more important when a life, not an estate, is at stake!"

Judge for Yourself.

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ed after certain ascertainable facts were known. It was pointed out that, beyond dispute, a great volume of surgery was being done without any attempt on the part of the operator to obtain these facts. The conclusion was that sound surgical judgment did not play a part in such procedures, with the result that there were unnecessary surgical deaths, and an even greater number of operations that were, if not distinctly harmful, at least without benefit to the patient.

The paper made it clear that these criticisms were not directed toward the competent and honest surgeons, but that it was a matter of common knowledge that there were many entitled to all of the privileges of our profession who were incompetent.

It was suggested that this incompetency resulted from lack of primary training, from inertia or deterioration, or from dishonest and mercenary motives, but that the unfortunate effect on the reputation of the honest and competent was the same in any case.

It was admitted that these incompetent and dangerous men were legally entitled to practice medicine and surgery, and it was suggested that if the privilege of exercising this right could be given by an authority there should be an authority with
(Turn to Page 23)

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power to revoke it on evidence of continued abuse of the privilege, even though this abuse did not constitute an actual infraction of the law.

If one of our confreres be honest, but lacking in capabilities, we may sympathise with him, but should we uphold him in his misdirected efforts?

The fact of his honesty of purpose does not save the patient, nor does it protect the reputation of his competent associates.

The patient judges all of us by the efforts of this one man, and why not, since we continue to give the stamp of our approval!

If by reason of dishonest or mercenary motives his work does not pass muster there can be no defense, and unfortunately on the part of our organization there is little effective offense.

That is one of the fundamental reasons for the laity's lack of confidence in the regular medical profession.

The incompetent undermine the competent. At the same time they build up the charlatan.

A method so devised that the public will be able to distinguish the wheat from the chaff in the regular medical society will mean more in practical accomplishment than all of our legislation against the fakirs.

The solution of the problem, as the author of "Surgical Judg-

ment" saw it (and still sees it) was in the elimination of the element of secrecy.

To quote from the paper: "The first step in the solution of this problem will be in the formulating of some plan—legislative or otherwise—whereby the responsibility of procedure will be fixed definitely where it belongs, viz., upon the operator. Every individual by law made eligible to operate should by law be required to keep records of his cases. These records he should be compelled to submit, on request, to the inspection of some competent constituted authority for review. This would work no hardship and could entail no embarrassment on the competent surgeon. It would strengthen and protect him. It is obvious what the effect on the incompetent and dishonest would be. His exposure would be inevitable and his ultimate downfall a certainty.

"Institutions entirely mercenary and operators devoid of conscience do not trouble with expensive details, serving no purpose except the minor factor of safety to the victim. Institutions and men in this class will not, because they can not, produce records to uphold them in their work.

"The profession and the public

(Turn to Page 25)

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Free secretion of healthy bile is stimulated by means of bile salts and salicylate, in accordance with the best clinical experience, and portal and hemorrhoidal stasis are relieved by the cardiovascular-renal toning action of Scilli-pieri-toxin, the cardiac and diuretic principles of squill.

SCILLICHOL TABLETS can be given over long periods, where desired, without any untoward or unpleasant effects. They do not produce catharsis, but gently promote the normal functioning of the intestinal mucosa.

You will be surprised and delighted, doctor, with the results of SCILLICHOL TABLETS in your gall-bladder and portal congestion cases.

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Please send without obligation samples of Scillichol Tablets
and descriptive literature.

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The factor of individual responsibility properly applied would be conclusive."

It is unfortunate when necessity arises for legislation to direct the affairs of a scientific body.

Politics and science mix not at all.

But unless we ourselves set our house in order the time is not far distant when more or less well-meaning legislators will attempt to do it for us, and when they do much valuable furniture will be broken. And it is certain that the surgeon will soon be made accountable for his procedures.

At present he is an autocrat.

To quote again from the original paper:

"One may administer the physical estate of the deceased. Does the court accept the executor's statement that he had done it honestly and well? The court does not. Records are checked to the last dollar. The material

Medigram NO. 8

If, as the American Medical Association suggests, cosmetic makers are compelled to publish the ingredients used in their products, a good many flappers will at last understand the sarcasm in the term: complex-ion.

estate of the deceased is safeguarded.

"How much more important when a life, not an estate, is at stake! But is there a similar check on the competency or honesty of the surgeon? There is not. Practically, he may do as he pleases with the body of the sufferer, without a line to prove that he has acted wisely or well. The presumption is that he is honest and competent. Some could not qualify on either count."

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THE LOST TRAVELERS' CHEQUES

Reported by Lawyer Hayward

A TEXAS physician took a trip to New York and enjoyed the scenery, but not his financial transactions, as he bought travelers' checks before leaving totaling \$930, the smallest being for \$10, spent the \$10 check, and lost the remainder.

Then the physician made an application on the lost checks, gave a bond of a fidelity company to indemnify the express company which had issued the checks, and duly received the amounts of the lost checks.

Later on the lost checks were presented to and paid by the express company, the fidelity company paid the express company, and sued the physician in the Texas Courts, under a stipulation in the application for the bond, whereby he agreed "to indemnify the fidelity company against any losses, damages, costs, charges and expenses that the company may in any way sustain, incur, or become liable for in consequence of the said bond, or any renewal thereof, or any new bond issued in continuation thereof, or as a substitute therefor, and any proper evidence of the payments by the company of any such losses, damages, costs, charges or expenses shall be conclusive evidence against the applicant of the fact and extent of the applicant's

liability to the company under this agreement."

"You had no right to pay the express company, under the circumstances," the physician contended.

"You agreed in your application that any proper evidence of payment by us shall be conclusive evidence against you," the fidelity company pointed out.

"An agreement like that is contrary to public policy, and void," the physician maintained, but the Texas courts, in a recent case reported in 274 S.W.R. 1002, ruled against the physician, who likely found that he had taken an expensive trip by the time he had paid the costs of a losing lawsuit.

"Under such contract the company was authorized in advance, as a condition of guaranteeing, to exercise discretion as to paying any demand by the holder of the guaranty, and was bound only to act without fraud in settling a claim, and, thus paying, is entitled to hold the party guaranteed for reimbursement; and the voucher proves the claim is not shown to have been infected with fraud. The expense, delay, trouble and risk of a loss to the guarantee company is a sufficient safeguard against an unwarranted payment," said the Court.

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Five years ago, Pepsodent met the dominant professional opinion of that day. Today, it meets the dominant trend of today. As the profession advances, Pepsodent advances with it.

Its object is to give the latest men know in the safe removal of film (or mucin

plaque) from the teeth and in the hardening and giving better tone to the gums.

Should tomorrow's scientific findings result in a better formula, and leading dental authorities approve it—you will find it tomorrow the basis of Pepsodent.

We believe that is the sort of dentifrice you want. A product advancing no dogmatic theories of its makers, but definitely advancing and embodying the *latest findings* of the profession itself.

May we send you a full-size tube to try, together with recently compiled data and literature? Just mail the coupon below.

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Please send me, free of charge, one regular 50-cent size tube of Pepsodent, with literature and formula.

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Phillips' Milk of Magnesia is essentially antacid and mildly laxative. It is specifically indicated in pyrosis or hyperchlorhydria; acute, sub-acute, and chronic gastritis, nervous dyspepsia, gastric and duodenal ulcer, nausea and vomiting of infants and adults, the nausea of pregnancy, infantile summer diarrhea and constipation. It is of marked value in combating auto-intoxication by acid products of metabolism occurring in diseases affecting the nutritional and metabolic processes, as rheumatism, gout and diabetes. Its use maintains the normal state of blood alkalinity and reduces the acidity of the urine in cystitis and urethritis. Dentists generally recommend Phillips' Milk of Magnesia to control

oral acidity and prevent caries. It is an ideal dentifrice.

Note. One tablespoonful of Phillips' Milk of Magnesia contains twelve grains of pure magnesium hydroxide and in neutralizing power is equivalent to 44 grains of sodium bicarbonate or $1\frac{1}{2}$ pints of lime water.

DOSAGE

The usual dose of Phillips' Milk of Magnesia, as an antacid, ranges from one teaspoonful (4 c. c.) to one tablespoonful (16 c. c.). This amount should be mixed with an equal portion of cold water or milk and given half an hour after meals. For its laxative effect, the adult dose is one to two fluid ounces (30 to 60 c. c.). The aperient action may be facilitated by giving the juice of lemon, lime or orange, half an hour thereafter.

PHILLIPS' Milk of Magnesia

CAUTION. The physician is advised to beware of imitations of Phillips' Milk of Magnesia. Kindly prescribe in original 4-ounce (25c bottles) and 12-ounce (50c bottles) obtainable from druggists everywhere.

"Milk of Magnesia" has been the U. S. Registered Trade Mark of The Charles H. Phillips Chemical Co. and its Predecessor Charles H. Phillips since 1875.

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The Doctor and His Investments

"Investment Trusts"

By Malcolm Lay Hadden

EVERY doctor who endeavors to keep himself posted on financial matters has seen the term "investment trust" with increasing frequency during the past year or so.

If he has not run across the term in the financial section of his newspaper, he perhaps has been urged by the salesman of his local investment house to purchase the bonds or shares of some recently formed investment trust. At any rate, because of the growing interest in this type of

security, a relatively new one in American finance, but long established in Great Britain, it seems to be quite timely to inquire into the nature of the British investment trust and attempt to determine whether or not its American counterpart offers equally attractive investment possibilities to the average investor.

Such a study is especially pertinent because the policies controlling the operations of many of these so-called investment trusts in America are so widely at variance with the accepted principles of the British investment trust.

In our analysis of the British investment trust, therefore, we shall endeavor to point out those features in it which would seem to have the greatest bearing upon its successful operation, and

should the doctor's interest in this new type of security be awakened, he would then be in a better position to consider the

merits of any of the so-called American investment trusts.

Inasmuch as the principles underlying the investment trust plan are of rather complicated nature as previously stated, more less unfamiliar to the average American investor, it probably will be necessary to extend the discussion of the investment trust

two or more articles.

In this, the first one, therefore, we shall limit ourselves to a consideration of the essential features of the investment trust. It is understood in Great Britain and in the following article we shall take up in detail the matter of capitalization and management, factors which have played so important a part in the successful operation of the investment trust in Great Britain.

To begin with, the investment trust is a corporation, the business of which consists chiefly in the effective investment of capital. While the numerous trusts in operation in England and Scotland vary somewhat in the form and method of operation, nevertheless, the majority of these institutions have the following characteristics:



Financial Terms Defined

Debenture Bonds—

An evidence of indebtedness issued by a corporation having precedence over its preferred and common stocks.

Diversification—

The principle of distributing one's investments among different classes of securities in different industries which are widespread geographically.

(1) A limit is usually placed on the amount of the trust's capital which may be put into any one undertaking (as a rule this limit ranges between 5% and 10% of the total assets). Investments are made on the principle that, out of a considerable number of different commitments, only a very small number will result in loss, if suitable care is employed in their selection. This insurance principle is the basic characteristic of the investment trust. In distributing funds of the trust, the management not only invests in the securities of different corporations engaged in the same industry, but among different industries, and among the various countries of the world.

(2) Such institutions issue debentures (bonds), or some similar form of long term securities, such as preferred stock, to pay for part of their holdings. Usually there is a limitation placed on the amount of bonds or preferred stocks which may be issued.

(3) The capital account is not correlated with the income ac-

count for the purpose of ascertaining the right to pay dividends; in other words, dividends received from investments may be distributed regardless of whether or not there is a depreciation in the market value of their holdings in relation to the capitalization. This is an outstanding point of difference between financial trust companies and investment trusts. Like banks, the former must keep their capital intact.

(4) The trust does not endeavor to control through stock ownership the various enterprises in which it may invest. This is the chief difference between the investment trust and the holding company which is so common in the United States.

(5) Control of the organization is ordinarily vested in the common shares or in a small group of founders' shares.

AS is to be noted from the foregoing characteristics, the British investment trust is organized for the purpose of investing its capital in a large number and variety of enterprises without

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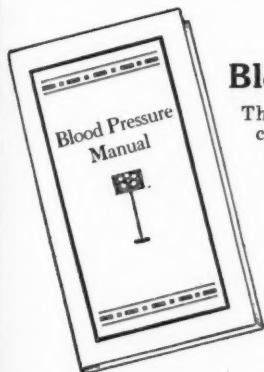
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is of particular value, because it furnishes calcium and phosphorus in the closest possible form to that in which they exist in the nervous system.

It supplies these needed basic elements, tones the nervous system and acts as a true nerve-cell reconstructive.



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of enterprises without seeking to control them, and that it is not legally required to keep its capital intact. It issues bonds or some other type of prior obligation (secured by specific or general assets of the corporation) for the purpose of drawing under its control additional funds for investment. The bonds or preferred stocks usually bear a fixed rate of income, but control, as a rule, is vested in the common shares. From this it will be seen that the investment trust is a sort of a financial insurance device, designed primarily to secure relatively high yields for the investor with a minimum of risk. At this point it might be stated that, while most of the American investment trusts with which the writer is familiar likewise stress this feature of diversification and high yield which they hope to achieve, but at the same time they go one step in advance of the British investment trusts, in that they pursue a definite policy of seeking profits on turnover of capital, and treating such profits as income.

This latter feature of many of the American investment trusts

would seem to the writer, if developed on a large scale, to be nothing more than speculation.

To return, however, to our discussion of the British investment trust, it is apparent from a study of their outstanding characteristics that these institutions seek to accomplish their purpose of obtaining a higher yield by two basic means, namely: (1) through the pooling of the resources of a large number of individuals, and (2) by putting the funds of the trust under the management of a group of experts on investment conditions both at home and abroad.

Thus, through the medium of large funds and superior information better results are expected. This is particularly true in case investments are to be made in foreign countries, or in securities, the financial standing of which is not commonly known. By means of this policy the investment trust is in position to assume, with comparative safety, risks which the average small investor could hardly afford to carry.

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TWO SAFE RULES FOR TREATING A BOIL

Rule 1. AVOID THE LANCE

Rule 2. Prescribe STANNOXYL



STANNOXYL, a mixture of chemically pure metallic tin and tin oxide, has been proved by scientific experiments to be definitely anti-staphylococcic. And thorough clinical trials, reported in numerous medical journals, have demonstrated that STANNOXYL is indeed the premier remedy for the treatment of boils, styes, carbuncles and other staphylococcic infections.

WHY THE LANCE SHOULD BE DISCARDED

For many years, progressive physicians have been dissatisfied with the time-honored practice of lancing boils. The procedure of plunging a knife through a heavily infected area and thus opening up new avenues of infection in the adjacent tissues, to say nothing of the bloodstream itself, is certainly not in accordance with sound surgical principles.

The practical results of lancing boils are just as unsatisfactory as the theory is unsound. It is a matter of common knowledge among physicians that a boil does not heal rapidly after being incised, that the infection is not lessened thereby, and certainly that the resulting scar is very disfiguring. The general practice of lancing boils has yielded such unsatisfactory results, and the operation itself is so painful, that very many persons with boils purposely avoid the doctor because of their dread of the lance.

And lancing a boil is not without real danger. Surgical authorities everywhere have voiced their warnings against hasty incision in the treatment of this condition. Some have gone so far as to call the surgical treatment of a furuncle "criminal."

Two serious complications may follow incision of a boil; namely, (1) the formation of a carbuncle from extension of the infection along the subcutaneous routes and (2) septicemia from the introduction of the septic material into the vascular channels opened up by the incision.

Two great lessons have emerged from modern clinical study on the subject of furunculosis:

(1) **Boils are serious ailments.** They may give rise to carbuncles, septicemia and death, especially when surgery is employed.

(2) **Boils should not be lanced but treated with STANNOXYL.**

When a boil has advanced to the stage of a circumscribed, fluctuating collection of pus, that is a small abscess, **then and then only** should it be incised and drained. Under **STANNOXYL** medication, however, furuncles do not pass on to suppuration but promptly regress from the time when treatment is instituted. **STANNOXYL**, therefore, makes surgery unnecessary in the treatment of boils.

How STANNOXYL Was Discovered

Many of the greatest discoveries of medical science had their origin in folklore. Long before Jenner advocated vaccination for the prevention of smallpox, every English milkmaid knew that her contact with cows would protect her against the dreaded pockmarks. Jenner was simply clever enough to reason out the relation between popular observations and scientific facts.

A French scientist, Dr. Raymond Gregoire, played a similar role in the elaboration of **STANNOXYL** as the specific remedy for boils. Dr. Gregoire made practical application of a folk remedy for boils popular in Beauce, a district lying to the southwest of Paris.

That tin-workers never suffered from boils is one of the traditions of Beauce. The large number of tin-smiths living in this section of France and their complete freedom from boils served as the basis for this tradition. Furthermore, the populace of Beauce have long employed powdered tin empirically as a popular remedy for boils, and with excellent results.

Impressed by the immunity of tin-workers to furunculosis, Dr. Raymond Gregoire and Albert Frouin, of the Pasteur Institute, determined to put the subject to a scientific test. Their experiments proved that both metallic tin and tin oxide are definitely antagonistic to the staphylococcus, the bacterial cause of boils.

Gregoire and Frouin then set about to perfect a scientific tin preparation suitable for medicinal purposes. **STANNOXYL** is the result. Essentially, **STANNOXYL** is a combination of the purest forms of metallic tin and tin oxide, absolutely free from lead and other dangerous impurities.

Clinical experiences, as reported not only by Gregoire and Frouin but also by many other research work-

ers in various parts of the world, have proved the undoubted efficacy of **STANNOXYL** in the treatment of boils, styes, carbuncles and other staphylococcic infections. Among these workers may be mentioned Drs. Marcel Perol, M. Hudelo, Arthur Compton, Phocas, Andrew John Morland, E. Chome, K. Hubschmann, S. Poliakoff, R. Barralt, and others. On request, a booklet containing a complete bibliography will be furnished.

When STANNOXYL Should Be Used

The following staphylococcic infections furnish the chief indications for treatment with **STANNOXYL**:

- (1) Boils.
- (2) Generalized furunculosis.
- (3) Prophylaxis against boils in diabetes mellitus.
- (4) Styes.
- (5) Pustular acne.
- (6) Suppurating wounds.
- (7) Chronic osteomyelitis.
- (8) Mixed infection of tuberculosis.
- (9) Abscess of the breast (combined with surgery, when necessary).

DOSAGE

The daily dose of **STANNOXYL** is 0.5 to 1 gm. The usual form in which the drug is prescribed is as the tablets. From 4 to 8 **STANNOXYL Tablets** should be taken a day, preferably after meals with a little water. **STANNOXYL** is absolutely free from any objectionable taste or odor.

STANNOXYL Tablets are furnished in vials containing 80 tablets. Other forms of **STANNOXYL** include **STANNOXYL Ampoules**, for intramuscular injections; **STANNOXYL Liquid**, as a wet dressing for boils; **STANNOXYL Ointment**, for the local treatment of pustular acne; and **STANNOXYL Glycerine**.

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..and here is Senator Matthew Neely of West Virginia who recently proposed a bill in Congress for an award of \$5,000,000 to be paid to the discoverer of a cure for cancer. Lack of opportunity? Never.



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Welcome to France—and Paris!

By Leon Auscher

Of the Office National du Tourisme

[*On leaving Rome, the 1927 MEDICAL ECONOMICS Tour of Europe proceeds to Genoa, terraced birthplace of Columbus—to Nice and Monte Carlo, and a dip in the warm Mediterranean—to Avignon and Nîmes, relics of the Roman Empire and the Middle Ages—and so to Paris and the Battlefields.*]

WELCOME, guests of France! The French nation gives you hearty greetings, and the cordial reception awaiting you in our towns and country districts will make your journey through the varied beauties of our different provinces even more delightful.

You revel in the loveliness of France, her delightful climate, the diversity of her customs and traditions; you will enjoy the delicacies of local cooking and dishes—an experience by no means to be slighted.

You will get the spirit of France; and, in knowing and

this coast. But all is exquisite, from the white creeks of Marseille to the terraces like an earthly Paradise at Monte Carlo. No less beautiful is the dazzling pile of the Esterel where the red rocks, the green trees and verdure, and the blue sea combine to create a picture which cannot be matched elsewhere.

The Cote d'Azur is merely the Southern edge of the main range of the Alps of which the new "Route des Alpes"—that majestic work associated with the name of the Touring-Club de France—gives a clear, though somewhat restricted view. The "Routes des Alpes" passes in turn through the varied districts, so dissimilar in appearance, which extend from the Sea of Azure to the Lake of Azure, i.e. from the Mediterranean to Lake

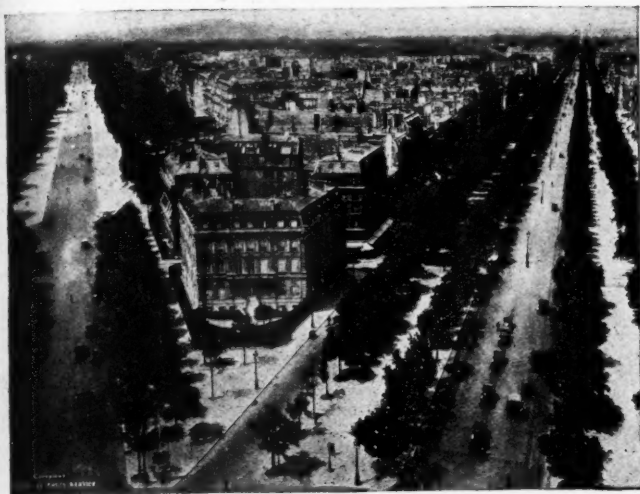


feeling that spirit, you will have gained a most delightful experience.

The Mediterranean coast, which slopes from Perpignan to the Rhone, rises again near Marseilles where that wonderful and matchless succession of unrivalled beauties, called the Cote d'Azur begins. Marseille, Toulon, Hyeres, Saint-Raphael, Cannes, Nice and Monte Carlo are the chief points of interest along

Geneva. Rocky mountains, white and red, scintillating in the sunshine along the Maritime and lower ranges of the Alps; wild





Paris is noted for her many beautiful boulevards

mountains of jagged rock with summits clothed in the everlasting snows in the High Alps and Savoy; cool slopes of refreshing green, crowned with the highest glaciers of Europe, in the Haute-Savoie; until, at last, the new road reaches the Swiss frontier by Thonon and Evian.

Still further lies Savoy, sunny and magnificent; the Lake of Bourget which reflects Aix-les-Bains and Chambrey from afar; the Lake of Annecy, a sapphire set in the emerald of the surrounding heights; and Chamonix,

famous valley and Mont-Blanc (the highest mountain in Europe)—our Mont-Blanc, for it is well to emphasize the fact that this Titan of the Alps is a French mountain.

And then the tourist reaches the French frontier by the Lake of Geneva—on which the best known spots are the spas of Evian and Thonon. North of Rhone lies the Jura—a land of wonderful forests, of Alpine



just by the Pass of Aravis and the Gorges de l'Arly, with its

meadows and of translucent streams. The Lake of Nantau, the waterfalls of Doubs, the springs of la Loue, the circular

Will YOU be on board?



THIS is a picture of the S. S. Lapland, the splendid cruise steamer scheduled to transport the 1927 MEDICAL ECONOMICS Tour of Europe, over and back.

She sails July 7th. If you are interested in joining this congenial group of physicians and their families for two glorious months in the Old World, apply for reservations immediately.

Don't delay. More than 800 physicians have expressed interest in joining THE TOUR, and a number of these have already made reservations. Delay may mean disappointment.

Remember that payments on reservations may be refunded IN FULL any time up to one month before sailing date.

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- ☐ Please send me plans of the Lapland, so that I may look over accommodations. It is understood that this request does not obligate me in any way.

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valleys of Baume-les-Messieurs and Poligny, the Gorges of the Rhone and of Valserine are the best known of its endless attractions.

IF you wish to see beautiful rivers, we will show you all ours in detail.

First, the sunny and attractive Seine, fascinating through its course, sometimes girded with woods, anon bordered by flowery slopes or magnificent cliffs—the Seine, so in love with its own valley that it describes therein the most fantastic and desultory course, a tempting serpent with a thousand silken coils presenting to a dazzled world the enchanting apple called Paris.

The Loire, also, is well worth a visit from its source to its mouth. A long chapter of our history is unfolded along the banks of this bewitching river.

The Rhone is our Roman river. It will lead you from Lyon, the second capital of France, by Vienne, Valence and Pont Saint-Esprit through a tract of unrivalled scenery and landscape to Provence, a province whose art equals its natural beauties in purity of form. The Palace of the Popes at Avignon, the Roman remains at Nimes, Arles and Orange, the Bridge of Gard, the Abbey of Montmajour the Chateau of King Rene at Tarascon, combine to make a real Treasure House of Antiquity in this matchless district, which, on the other hand, possesses also physical features and colour, intensified by the light of its blue sky, by the grand lines of its horizons, and by the sun-clad country framed in magnificent or wild mountains.

There still remains one important place to visit—perhaps the most important of all—Paris. This is not the place to describe that town which all long to have seen, that city of beauty, art and light. And, lastly, that line of campaign in the Great War which extends from Verdun to

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L EAVING Genoa, and skirting the shore of the Mediterranean

ean, we come to Nice. Nice is a place to rest and go bathing. Even though Nice boasts of some very stimulating scenery, of luxurious hotels and villas, and of magnificent promenades, there is no more restful place in all Europe.

A dip in the warm surf that rolls in from the Mediterranean will be one of Nice's contributions. Then an automobile excursion,

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One of the most helpful "prescriptions" a physician can give parents is instructions to purchase a "Stork" Baby Scale.

Its presence in a home is a great aid to the doctor. With it, the mother can easily follow his advice in regulating feeding. If he desires, she will be able to telephone him daily the baby's exact weight *to the quarter ounce*, thus keeping him accurately informed of the baby's progress. Being a beam scale, it is always accurate. It gives the precise weight by $\frac{1}{4}$ ounces up to 36 pounds. A tare poise on the beam allows for the weight of the blanket. The capacious pan, securely fastened to the scale, prevents the baby from falling out; the rigid safety base keeps the scale from tipping over.

Send for price list and description of the "Stork" Baby Scale and also of our Physicians' Scale, Clinic Scale, Portable Scale—all built to meet the needs of doctors, nurses, hospitals and to conform in every way to the rigid requirements of the medical profession.

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—It is as effective for vaginal douching as the strongest antiseptic.

WHIRLING SPRAY, for a preparation to be used in vaginal douching.

—Because of its unique formula it provides inflamed parts with longer and more thorough medication.

They needed a cleansing agent, created for that one purpose that would afford prolonged medication and that would not harm, irritate or coarsen delicate internal membranes.

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Leading gynecologists and chemists gave their cooperation and now we have—**GYNEEN**. **GYNEEN** is non-caustic.

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Mail this — NOW.

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Please send me **FREE** your standard size bottle of **GYNEEN**.

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sion, via the Upper Corniche Road, passing La Turbie, and the tower built by August Caesar to mark the boundary between Italy and Gaul—a visit to the famous Casino at Monte Carlo—and back through Villefranche and Monaco.

Then Avignon. A city old and mellowed by glory. Residence of the Popes antagonistic to the Popes of Rome from 1305 to 1377.

And Nimes. Monuments of antiquity. An old Roman amphitheatre. The aqueduct, Pont du Gard, built by Agrippa about the year 19 B.C.

Then we come to Paris. Visits to the famous churches, Napoleon's Tomb, the Madeleine, Notre Dame, Place du Concorde, scene of the guillotine in "Tale of Two Cities." It was here that Marie Antoinette came to the tragic end in that bloody revolution of 1793.

The Chambre des Deputes, the Champs-Elysees, and the Arc de Triomphe. A detailed visit to the Louvre, where repose some of the world's greatest art treasures, including Mona Lisa, and the statue of Venus de Milo.

Other drives to the Palace of Versailles, where the peace treaty was signed, the Petit Trianon, the Eiffel Tower, and the parks of Paris.

A tour of the Battlefields, visit-Belleau Wood, and Chateau Thierry, and other names as distinguished.

There will be time for everything in Paris, shops, theatres, the cafes, museums, and as you will. After a full glorious week, THE TOUR departs for Antwerp, and the Lapland.

As the Lapland steams down the River Scheldt on her way to the open sea, and home, passing great, lazy windmills, patient dikes, and the quaint homes and farmyards of the Belgians, another eight days of restful ocean voyaging will have begun.

A lack of secretion in the intestines is one of the principal causes of chronic constipation.

PRUNOIDS

given at night over a period of one week will increase glandular activity without exciting pronounced peristalsis and will gradually overcome this form of constipation.

Prunoids are made of Phenolphthalein (one and one-half grains in each) Cascara Sagrada, DeEmetized Ipecac and Prunes.

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may be safely and effectively prescribed.

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How I Selected a Surgeon

By A Manager

The following pretty piece of literature comes from the business publication, ADVERTISING AND SELLING. Its good-natured barbs are aimed at the modern business executive's propensity to over-do the questionnaire method of selection. And incidentally, the fact that the surgeon is used as the backbone of this satire, shows how large a part reputation plays in medicine and surgery. The surgeon, in other words, is the very embodiment of reputation.

ADVERTISING managers will, I am sure, be interested in the success I recently had in selecting a surgeon by a new and unique method, following the principle I had previously worked out with great success in another field, which I do not feel at liberty to specify.

I had suffered — Oh, I had suffered! — the tortures of the damned. Every day, every hour, every minute, every few seconds, I was in the most intense agony, and I wanted relief.

But I wanted safety too. Yes, quite as much as I wanted relief, I wanted safety. I had heard so many terrible tales of long illness and even death resulting from carelessness in operations of the sort I should need that I preferred to suffer in silence rather than walk into the greater agonies which might follow the least lapse from prophylactic vigilance.

The other requisite was skill. I knew I was far beyond the scope of a mere dub. I wanted

the best there was, for my case was individual and peculiar. I knew it. No ordinary case ever punished its victim as mine did, and nobody ever before had gone through the intricate anguish that beset me from end to end.

I saw signs of surgeons in windows on either side of me as I picked my tortured way to the office. I had friends galore who told me marvelous tales of how Dr. So-and-So or Dr. Whoozis had done them great good. But my

problem was peculiar and I dared not trust to another's experience or to the misleading evidence of ability to pay rent on a costly and busy thoroughfare. What I needed was a rare combination of relief, care and skill, and I was stumped to know how I was to find it.

AT LAST I had an inspiration. I would send to a selected list of the very best, a questionnaire. I would sift the thing to the very bottom, get the real



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The rapidity with which ANACIN disintegrates in water is an indication of how quickly systemic absorption is attainable with this preparation.



ANACIN

Is the ideal combination of para-acetphenetidin, acetylsalicylic acid, caffeine, and quinine—your favorite prescription, in the correct proportions, made up of the purest drugs.

Indicated in the prophylaxis and treatment of colds, influenza, lagrippe, and the resultant respiratory affections.

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Gentlemen: Please register my name to receive, without obligation, sufficient ANACIN Tablets (bottles of 100) to make a full clinical test.

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Address _____

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acts and then I could act with complete assurance.

And so I did. I got up a list of a hundred of the most searching questions you could imagine. I tell you, those old boys sweat out the truth before I got through with them. Modesty forbids my telling you what all the questions were but here are some of the more relevant ones:

1. Name and address.
2. How much rent do you pay?
3. Do you pay it regularly? If not, why not? If so, why?
4. Are you a grammar school graduate? High school? College? Medical school? Dates of each.

5. What were your final grades in osteology, *materia medica*, anatomy, biology, etiology?

18. How many patients on your list actually live? What are they in for?

19. What treatment do you follow in the five most interesting cases?

28. How many patients have you lost to other physicians during the past five years? Names and causes of their leaving you?

29. To whom did they go and how long did they stay there?

30. How do you pay your nurses, assistants, anesthetists?

31. If I die on your hands, is their pay docked in any way or are they paid in full as usual?

32. If I needed a nurse, would he be a blonde or a brunette?

33. Would she have flat feet?

56. What experience have you had with my ailment, which I can describe to you if necessary?

57. Detail your method of procedure in cases of extreme gravity.

60. Do you mind if I call up some of your patients and ask whether you are any good?

70. While I am out of commission, if that becomes necessary, would you tend my furnace for me, or would you send one of your helpers to do it?

95. What size scalpels would you use on me?

96. Do you, when operating, wear:

- (a) A cap?
- (b) A mask?
- (c) A robe?
- (d) Rubber gloves?

Give brand of each and date when last sterilized.

100. Submit a rough outline of what you would do to me if I put my case in your hands.

PROMPTLY at the hour set I received from each surgeon a personal messenger bearing his full answers to my list of questions. And then for a couple of hectic weeks I stewed over the responses.

Finally it simmered down to three surgeons, any one of whom seemed good enough to take a shot on, but I was unable to decide. At last I determined to stake everything on the answers to questions 14 and 15, in which I had craftily asked for color of eyes and hair respectively. And there I found my solution to this harrowing problem. Two had blue eyes, and one had brown. And what was my delight when I found that the brown-eyed one had no hair at all—which seemed extra sanitary. So I chose him.

* * *

The following week I had my corns pared with the utmost success. I no longer suffer; I am safe and well; all due to the way my questionnaire helped me find a great surgeon. And I still call him "my surgeon" and feel a proprietary interest in him.

For Bronchitis and Winter Cough — Prescribe

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and
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Represents
One Grain
of Iodine

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The purpose of this advertisement is to tell you how many of your hypodermic needle problems will be solved by **Vim Stainless Steel Needles.**

OF ALL the hypodermic needles ever devised nothing has been produced that proves quite as reliable and completely satisfactory as "VIM" Needles of Genuine Firth Stainless Steel.

They entirely eliminate the faults of ordinary hypodermic needles. Even under the most adverse conditions of climate or sterilization they will not clog, corrode, nor rust.

Always sharp and bright, they possess the strength and cutting qualities found only in the finest steel.

Thousands of physicians have tested them to their entire satisfaction. We want you also to have first-hand knowledge of their super-advantages.



A permanent sharp edge—sharp because made of steel—permanent because made of Stainless Steel

We will send one Genuine "VIM" Needle FREE, and without obligation, upon request. Try one in your own practice at our expense.



Nothing takes the place of steel—that is why steel needles that do not rust, answer a problem long unsolved

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A Series on Medical Arts Buildings

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Breon Ampoule Medication permits the patient to return to his work and full earning capacity with a minimum of loss—**true economy.**

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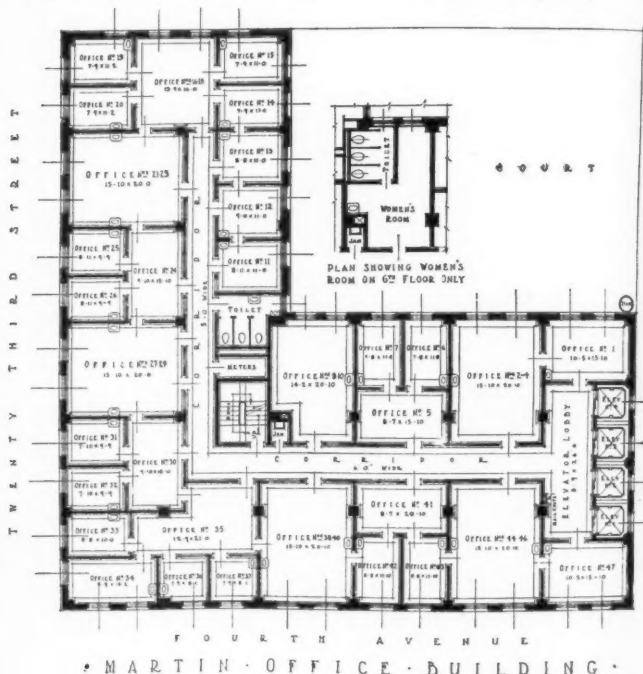


this structure is not only an ornament to the city in which it rears its lofty twelve stories, but is also an important milestone in the economic progress of medicine.

Reinforced steel, concrete, and rough texture face-brick and

stone make up its basic layers. These, combined with steel windows and steel stairways, render the building fireproof.

The floor plan of the building gives every office an outside exposure.
(Turn to Page 51)



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Use Angier's Emulsion to

**Soothe respiratory irritation, relieve congestion and
ALLAY THE COUGH INCIDENT TO**

INFLUENZA, BRONCHITIS or PHTHISIS

The Mineral Oil Content will also maintain normal bowel functions and overcome Intestinal Auto-Intoxication

Trial Bottles free to physicians

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(Dibrom-oxymercuri-fluorescein)



The best way to judge the value of a product
is by personal experience with it.

We suggest

Mercurochrome

(2% SOLUTION)

as a

First-Aid-Propylactic

IN PLACE OF TINCTURE OF IODINE

and offer an applicator bottle (as illustrated) for the personal use of every physician. Fill out the attached postal and mail it to us, and you will receive one of these bottles as well as our interesting medical literature on both the local and intra-venous uses of this drug.



POSTAGE

2

CENTS

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Charles and Chase Streets,

Baltimore, Maryland

Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein)

Since its introduction over seven years ago, Mercurochrome has established itself as a valuable drug in practically every doctor's practice. Some use it in the genito-urinary tract, some in the eye, ear, nose or throat, some in obstetrical cases, some in preoperative skin disinfection, and so on in the many fields where Mercurochrome can be employed to advantage. We want, however, to stress its effectiveness as a

General Antiseptic in place of Iodine

and to emphasize the fact that

Mercurochrome does not Burn, Irritate or Injure Tissues

That is why we are anxious to have every doctor receive a

Mercurochrome First Aid Applicator Bottle

for his own personal use. Experience is the best teacher. Use the attached private mailing card for sample and literature.

H. W. & D.
Baltimore.

Date

192 .

Gentlemen:

Please send without charge a Mercurochrome Applicator Bottle for my personal use and literature on this drug.

Dr.....

Street.....

City.....

State.....

Income vs Savings (Continued from Page 19)

cents, his patients will question his ability; but once he thinks of his patients in terms of their ailments, and demands his just due, he will be commended.

It has been our practice for a number of years to plainly state our fees to our patients, for visits and for operations. This is usually done in a courteous manner before the service is performed. If there is any question of a bill, an itemized account is cheerfully given and any satisfactory adjustments made. If such matters can be attended to through a third person, so much the better. But in every circumstance, the doctor should be willing to look the patient straight in the eye and insist upon his just rights.

THE value of consistent, regular savings cannot be insisted upon too strongly. I can see that there are a number of you who feel that it is utterly impossible for you to put any money away. I disagree. There is not a one of you who cannot find a stray dollar a day to put away.

Count up what that means. It means over \$350 a year; it means more than a thousand dollars at the end of three years; it means an appreciable amount at the end of ten years. And remember that this is an amount that you otherwise would not have saved. You can multiply this amount to your

heart's content. In other words, do not make up your mind to put a thousand dollars away when you have it, for you may never have it, but consistently save small amounts which will soon make up that thousand dollars.

It is a deplorable fact that doctors are considered poor business men and that the average business man derisively says so. There are many reasons for their being so, the chief of which, to my mind, is that they have no way of reinvesting their money in their own business with the result that they are placed on every sucker list and seldom can resist the temptation of taking a hundred-to-one shot. Every once in a while a man lands a winner in the lottery of unwise speculation but, in the majority of cases, he loses every penny.

There are many safe ways for a doctor to place his money. In the order of their importance, I should list them as follows:

Insurance, life and health.

Investment in building and loan associations.

Buying good stocks and bonds.

Deposits in savings banks.

Investment in real estate.

1. Insurance: There is no safer investment for the physician. I am not here to advise you as to the kind of insurance you should take out, but in every policy there should be a clause to the effect

ORCHOTINE

Modern and effective treatment of
LOWERED SEXUAL REACTION IN MEN

due to endocrine impairment

At all leading wholesale and retail druggists

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UNION CITY, N. J.

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LISTERINE THROAT TABLETS

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that your premiums cease when you are ill and that you are paid a suitable amount for permanent disability. My own feeling is that the young man should take out a convertible term policy during his younger years, which can be changed, without examination, when he grows older. Accident and health insurance is also very valuable within reason.

2. Investment in building and loan associations is one of the best methods for saving money regularly and consistently. One is forced to save so much each week or each month. This money draws a fair rate of interest and can be utilized in the future for various purposes. One should see that such association is under State supervision so one need not fear that he will lose his money.

3. If one would confine himself to buying good stocks and bonds, there would be little criticism. The trouble is that your broker is inclined to give you ad-

vice which may be of little value. The worst curse of investments of this kind is that the doctor is apt to be too much interested in the trend of the stock market, and the time may come (I have seen it happen many times) when the physician who invests this way spends more time on financial reports than he does on his practice.

Nothing is more harmful to a man's practice than being worried over the variations of the stock market. The only way to buy stocks and bonds is to buy them outright, place them in your own safe or safety box and forget about them. Good money should not earn over six per cent. per annum and one should be content in the feeling that the man who makes the most on a gamble is the man who usually loses the most.

Any physician can save enough money to buy good securities. The decent broker today is just as

Rx

If you are not already familiar with Feen-a-mint, let us mail you a supply.

No obligation is assumed. Request upon prescription blank or professional stationery will bring prompt response.

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PRODUCTS
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LAXATIVE Time Table

The most convenient time for men and women who go to business every day to take a laxative is at bedtime. Consider the time element:

Salines	1/2-1 hr.	Cascara	10-12 hrs.
Castor		Aloes	10-12 hrs.
Oil	1-2 hrs.	Podophyllum	10-16 hrs.
Senna	4-5 hrs.		

Feen-a-mint 8 hours
(Yellow Phenolphthalein)

Your patients will be grateful for your thoughtfulness in recommending a remedy that gently accomplishes the desired result without interfering with a restful night or a busy day.

REG. U. S. PAT. OFF.
Feen-a-mint
The Chewing LAXATIVE

When hepatic secretion is suppressed, in whole or in part, the process of digestion ceases to work smoothly and after a time the sufferer seeks professional advice.

Among the several agents recommended

CHIONIA

A Preparation of Chionanthus Virginica

has won a position of prominence. It has been in use for so many years that practically the entire profession is acquainted with its value as an hepatic stimulant. Prepared exclusively for Physicians' Prescriptions.

* * * *

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PEACOCK'S BROMIDES

than is possible with the single salts.

Each fluid drachm contains 15 grains of the purest bromides of potassium, sodium, ammonium, calcium and lithium.

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We will be glad to send a liberal sample of either or both of the above products to any physician returning this coupon with his Prescription blank.

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Peacock Chemical Co.
St. Louis, Mo.

willing to buy you one or five shares as he is willing to buy you a hundred shares. There is no reason why you cannot save in your savings account or in your building and loan account until you have sufficient to purchase good stocks and bonds.

4. The only trouble with placing money in the savings bank is that it is too near to you and too easy to get at. Moreover, it draws a low rate of interest. It is seldom that a man can withstand the temptation to withdraw some of this money when he wants some special thing. It may be wise to place the money in a bank until your savings have reached sufficient size to warrant a proper investment. That is what we are doing in our doctor's bank.

5. One of the safest investments is good real estate and first mortgages. This is especially so when the doctor invests his money in a piece of property which he can personally use. It saves him rent and gives him a good opportunity to look for a rise in value. Of course such investments usually mean a large amount of money on hand, but it is surprising for what a small sum a good piece of property can be bought. The unfortunate part about investments in real estate is that property is often not readily negotiable, and what a doctor needs more than anything else are investments which have no strings attached to them.

EVERYONE of us is attracted by the immense profits which can be made in oil wells, radios, mines, new inventions, and so on. The new scheme may be a good one and there is the possibility of immense profits. But what do you know about the man or men behind the guns? How do you know what they are going to do with your funds?

If you are a wealthy man, you have a right to take a long gamble, but otherwise—!



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LOESER'S INTRAVENOUS SOLUTIONS
CERTIFIED

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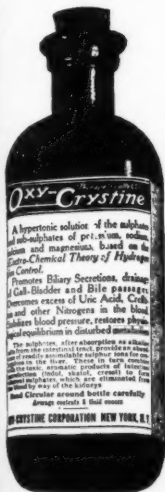
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Please send me sample and literature.

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.....M.D.

FINANCIAL DEPARTMENT



A monthly review for the guidance of physician-investors

THE business situation at the outset of 1927 is admitted by all observers to be substantially changed from that of the outset of 1926.

We have had one more year of very heavy building operations which must naturally bring us nearer to the time when building operations will undergo some decline. We have had another year of heavy production of automobiles with indications that the industry may not be able to continue without some interruption of its record of year to year increases. The decline in agricultural prices, particularly in the case of cotton, tends to disturb the equilibrium of business.

In certain other fundamental respects, however, the situation has not changed. The dominating sustaining factor continues to be the ease of the credit situation and it would appear that we are in the midst of a conflict between certain unfavorable conditions and the stimulating influence of easy and ample credit. It seems probable that the outcome will be decided during the month of March.

Conditions in the securities markets are more or less unchanged over a month ago. The prices for bonds and high grade preferred stocks have been steady to strong while stock prices have moved up and down in short waves without making real progress in either direction. Never-

theless, the fundamental trend for common stock prices appears to be in reality a rising one. In the market as a whole the in-

creases in dollar dividends week by week are greater and more numerous than the decreases. If developments in the automobile and building industries should turn more favorable than present prospects indicate, the only important obstacle to a stock market ad-

vance would appear to be out of the way.

One of the major problems which the country will have to face this spring will be the adoption of a new wage agreement in the bituminous coal industry. The present agreement between the operators and union miners concluded three years ago at Jacksonville, Fla., expires April 1st, and a new conference has been called to frame another agreement. The old scale provided for the maintenance of wages at above the war time peak and resulted in severe losses and much unemployment in the union fields owing to the competition of non-union coal mined under lower wage rates. How large this disadvantage has been may be seen by comparing the non-union scale of \$4.40 a day for unskilled labor with the union scale of \$7.50. As a matter of fact, only in unusual periods, such as during the high prices caused by the British coal strike, has the scale of the Jack-

"I DO THEE WED"



A closer union between the \$-sign and the ?-mark would save many a broken bank-book. The Financial Editor will give an impartial answer to any inquiry on investments (except, of course, purely speculative issues.)

No. 15

The

New Blade

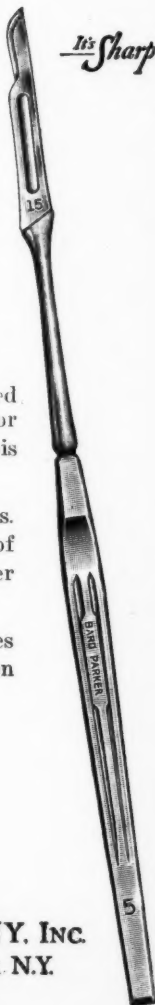
TO those who have long felt the need of a small sharp cutting edge for delicate technique—we introduce this new Bard-Parker blade.

The No. 15 blade fits Nos. 3 and 5 handles. It maintains the same high standard of razor sharpness found in all Bard-Parker products.

No. 3 handles—\$1.00 each. No. 5 handles—\$1.50 each. No. 15 blades—half dozen per package—\$1.50 per dozen.

We distribute our guaranteed products only through our accredited Agents—located in principal cities of the United States and Canada.

BARD-PARKER COMPANY, INC.
150 Lafayette Street, New York N.Y.



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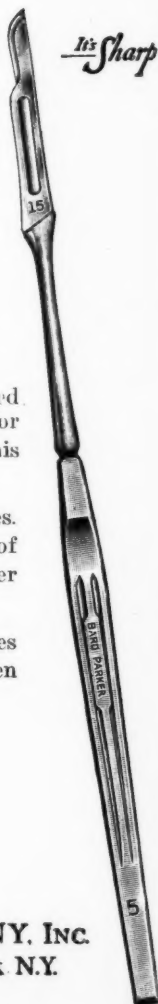
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**THE NATURAL ALKALINE MINERAL WATER
FROM THE WORLD FAMOUS SPRING
THE PROPERTY OF THE FRENCH REPUBLIC
BOTTLED UNDER SUPERVISION OF THE STATE
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725,000,000 ALVEOLI in the lungs, a space 66 TIMES GREATER THAN the BODY SURFACE, accounts for the rapid effectiveness of Mercofum.

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sonville agreement been generally effective.

The operators have already met and will probably propose a reduction to restore wages to a competitive basis with those paid in the non-union fields. Union officials, however, have declared against a wage reduction. Meantime the country is making preparations for a tie-up in mining in the event that both sides cannot come to an understanding amicably. Production of bituminous coal has been exceeding all records for the season, the output for the week ended January 15th being over thirteen million tons. Inasmuch as exports since the end of the British strike have returned to normal value, heavy production reflects a large amount of coal going into storage.

Financial Questions and Answers

Foreign Bonds

QUESTION: Would you be good enough to list for me several of the better regarded foreign government bonds? I am especially interested in those whose call date is distant or those selling considerably under their redemption price. Thank you.

ANSWER: The following issues are among the better regarded of foreign government securities. As you will note we have indicated their call price and the earliest year in which they may be redeemed: Dutch East Indies 5½s 1953 (callable 1933 at 100) selling currently at about 101½ at which price they yield to maturity about 5.41%; City of Oslo 6s 1955 (callable at 100 in 1933) selling currently at about 101 at which price they yield to maturity about 5.92%; kingdom of Norway 5½s 1965 (callable at 100 in 1935) selling currently at about 100¼ at which price they yield about 5.47%; City of Rotterdam Ext. 6s 1964 (callable at (Turn to Page 64)

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If you are contemplating a trip to Europe, you will find our free booklet "European Travel Hints" of great value. Send for it.

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Phosphorcin increases the body resistance and renews the vitality and strength of your run down patients. By supplying phosphorus to the impaired nerve cells, it hastens convalescence.

A scientific combination of the glycerophosphates with nux and pepsin, and containing no sugar or alcohol, it may be given for a long time without gastric irritation.

Dose: 2 drams in water t.i.d.
Sample on Request

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TOURS & CRUISES *for* PHYSICIANS OR PATIENTS

Some suggestions for reading-up on where to go and how to get there

The Cunarder: This month's copy came in by the noon mail. It is now almost quarter past two, and we haven't been able to put it aside yet. We have in fact several times awakened suddenly to find ourselves out in the midst of Algeria, or the Riviera, or what not. That's what comes from trying to review a table of contents like this: *The Native Quarter of Algiers; The Call of the Riviera; Palermo—Where All Is Picturesque; Charming Villefranche*, and so on. We earnestly recommend "The Cunarder" for physicians who enjoy reading such things as "The National Geographic" or "Asia," and the subscription price is only nominal. This month's cover, by the way, could bear framing. Our copy comes from The Cunard Madison Avenue, New York.



Le Voyageur en France: This is a monthly bulletin of magazine proportions, published in English. The February issue contains several articles of real authenticity and decided interest. In fact the entire publication strikes us as being a "different" sort of propaganda. Here also there is a small subscription price—but it's well worth it. Incidentally one of the articles is entitled "A Gas-tronomic View of Normandy." Beat that if you can! Disseminated by The French Government Tourist Information Office, 342 Madison avenue, New York.

Florida and Cuba: Sailing schedule of the S. S. Munorleans up and down the East Coast, with a bit of semi-tropical description. Issued by the Munson

Lines, 67 Wall Street, New York.

* * *

Europe by Motor: Listing and describing a number of highly interesting excursions to pretty nearly every part of Europe capable of supporting four rubber-shod wheels. Published by Lifsey Tours, 527 Fifth Avenue, New York.



Great White Fleet: A "time table" of the Caribbean giving ports of call, sailing dates, and other information about the "fruiters." Distributed by the United Fruit Company, 17 Battery Place, New York.

* * *

Eilsen, in the Weser Mountains: Describing the location, climate, clinical indications, and entertainment at this famous resort. German Health Resorts, 630 Fifth Avenue, New York.

* * *

Baden-Baden: Another member of the German Health Resorts' family of handsomely illustrated literature, with a map of Europe included.

* * *

Devon, Land of the Mayflower: A 26-page booklet setting forth the natural beauties, attractions, and historical associations of this section of England. Great Western Railway, 505 Fifth Avenue, New York.



Watering Places of Switzerland: This might qualify as a text-book on geology. Write to Swiss Federal Railways, 241 Fifth Avenue, New York.

DOCTORS

THE REASONS WHY THE CHILD OF
THE PAST OBJECTED TO THE CAS-
TOR OIL OF THE PAST HAVE BEEN
REMOVED FOR THE CHILD OF THE
PRESENT AND FUTURE.

Specify

KELLOGG'S

(the original)

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CASTOR OIL

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REFINED ESPECIALLY FOR MEDICINAL USE
THE ONLY REFINERY-BOTTLED CASTOR OIL
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It should be persistently
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Complete formula and literature to Physicians only.

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of treating the patient rather than the disease—lies the secret of prompt recovery from many persistent coughs and colds that would otherwise hang on indefinitely. And to achieve this end—to "build up" the patient most effectually—to raise his vitality and resistive powers to the highest in the shortest time,

Gray's Glycerine Tonic Comp.

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has proven itself of the greatest value. When a patient's nutrition improves and his weight increases, his cough usually subsides and disappears.

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Our new brochure "Notifiable Diseases" contains a wealth of latest data on the contagious ills. A copy will be sent free to any physician on request. Also a sample of Gray's Tonic.

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Auto-Intoxication
Atonic Indigestion
Anemia
Catarrhal Conditions
Malnutrition
Nervous Ailments
General Debility

THE PURDUE FREDERICK CO.

135 CHRISTOPHER STREET, NEW YORK

New Shapes in the Sky

(Continued from Page 48)

posure. The windows provide the modern indirect ventilation system. Venetian blinds are used throughout the building.

Composition concrete floors are the rule in the offices; the floors of the corridor are of Spanish tile. The building is equipped with special lines for X-ray machines and for compressed air.

In the eleven floors above the ground floor there are 187 suites, with a total of 537 rooms. Each suite has a separate entrance and lavatory. The ground floor is devoted to a pharmacy, barber

only one hour. The appeal offered by parking space out of the congested district was thus a decided asset.

Warren-Knight and Davis were the architects of the building. Its cost was approximately \$800,000. There are 52,000 square feet of floor space.

The size of the lot upon which the building was erected is 100 feet by 100 feet and the building occupies all of this space with the exception of an ample size light-court. The cold storage space and heating plant are

Is there a "new shape in the sky" arising, or lately arisen in YOUR community? **MEDICAL ECONOMICS** would like to hear about it.

How did it originate? How was the financing arranged?

What is its plan of organization? Size of suites?

Let other communities benefit by the lessons YOU learn!

shop, and other stores.

There are toilets for men on each floor, and for women on two floors.

Promoters of the building are W. C. Martin, for whom the building is named, Val J. Nesbit and John Z. Hinds, all of Birmingham.

One feature of great interest is the location of the building outside the hour parking limit. It is, however, near enough to the business center to be within convenient walking distance.

Parking cars is one of the biggest problems in Birmingham, as it is in any American city today. Heretofore many physicians' offices have been in the skyscrapers located right in the heart of the retail section, where cars were allowed to be parked for

located in the basement.

There are two fire lines with six outlets on each floor. Mail chutes serve all floors.

One typical suite, which is being used to good advantage by one of the city's leading physicians, covers one entire end of a corridor. It has been arranged to include an entrance corridor of its own leading to a large, well-lighted and attractive waiting room. Bright, colorful cretonne drapes adorn the several wide windows of this reception room, and its wicker furniture is upholstered to match the drapes.

This suite also contains an X-ray room, three examination rooms, a dressing room, a small laboratory, and a diathermy room.

**INTENSIVE STUDY OF Rectal Diseases MADE POSSIBLE BY
"THE MOTION PICTURE COURSE IN PROCTOLOGY"**

J. F. Montague, M. D. F. A. C. S.

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NEW YORK CITY



THIS MONTH'S FREE LITERATURE

A tabloid guide for keeping up-to-date on manufacturers' literature and samples

Samples of Eskay's Glycero-Cod: A new product under the tradename of Eskay's Glycero Cod has recently been placed on the market, and the makers are offering literature and samples. Address Smith, Kline & French Co., 105 N. 5th St., Philadelphia, Pa.

* * *

Pollen Antigens: If the cover of this booklet doesn't make you look twice, you need glasses. The booklet itself is not disappointing either, being a pleasure to peruse, and containing some meaty material. It is the work of the Lederle Antitoxin Laboratories, 511 Fifth Avenue, New York.

* * *

Organotherapeutic Preparations: A new book of convenient reference, giving indicated uses according to leading authorities, and the technique of application. Fully indexed. Write Armour and Co., Pharmaceutical Dept., Chicago, Ill.



The Study of Rectal Diseases in America: A reprint of an article describing the adaptation of moving pictures to this under-worked field of specialism. Distributed by J. F. Montague, M.D., Bellevue Hospital Medical College Clinic, New York City.

* * *

A Document of Interest to Every Physician: Being a report of the Clinical Research Association's findings in regard to Pineoleum. Pipet packages of Pineoleum are also being offered gratis to physicians. Write The Pineoleum Company, 52 West 15th St., New York.

The Vicious Circle and Its Efficient Treatment: A 24-page booklet describing the indications of Thialion. Address the Vass Chemical Co., Danbury, Conn.



The Reward of Superiority: A booklet on Peacock's Bromides. Samples are being offered, also. Write the Peacock Chemical Co., 112 North Second Street, St. Louis, Mo.

* * *

The Story of the Heart: An unusual little booklet that tells a few things about the mainspring of life. Write the Sultan Drug Co., 114 No. Second St., St. Louis, Mo.

* * *

Treating Boils Without the Lance: This pleasant sounding process is described in an interesting booklet published by the Anglo-French Drug Co., 1270 Broadway, New York.

* * *

The Quartz Lamp: A monthly publication containing such articles as: *The Basis of the Dosage of Radiation*, *Suggestions for Using ¼ Quartz Rays in Dermatology*, *Light in Tuberculosis*, *Quartz Light Quidnunc*; and distributed gratis by the Hanovia Chemical and Mfg. Co., Chestnut Street, Newark, N. J.



Sample of Gyneen: A standard-size bottle of Gyneen, a new product by the makers of Marvel Whirling Spray, is being offered by the Marvel Company, New Haven, Conn.

Up River Para

INTO the making of adhesive plasters go many ingredients. Rosin makes it sticky. Zinc oxide and lanoline are the unguents and the latter keeps it moist.

Rubber is the life of the adhesive.

Up the Amazon River, from the jungle along which comes Para rubber, thousands of natives harvest the latex. Virgin jungle harbors the older, sturdier trees. They are always the hardest to reach, the furthest up river. So the best Para is called "Up River Para" to distinguish it from the more accessible and cheaper qualities. Only Up River Para is used in Bay adhesives and that accounts for their superior clinging qualities and their resistance to age.

If you want the best adhesive you can buy, specify Bay's. The price will be right.

BAY'S SURGICAL DRESSINGS
ARE MARKETED THROUGH
ALL SUPPLY HOUSES

THE BAY COMPANY

Bridgeport, Connecticut

New York
Philadelphia

Chicago
San Francisco

THE BAY COMPANY, Bridgeport, Conn.

M.E.

Gentlemen:

Kindly send me a free testing sample of Bay's Adhesive Plaster.

Name.....

Address.....

Name of local dealer.....

Financial Questions and Answers

(Continued from Page 57)

100 in 1934) selling currently at about 103½ at which price they yield to maturity about 5.76%; City of Bergen 6s 1949 (callable at 100 in 1929) selling currently at about 100 at which price they yield to maturity about 6%.

* * *

Three Sound Utility Bonds

QUESTION: Will you kindly tell me the names of three or four good public utility bonds whose yield is better than 5%? I prefer large issues listed on the New York Stock Exchange which could be sold readily in the event of necessity.

ANSWER: The following issues are all readily marketable ones listed on the New York Stock Exchange and whose yields at current quotations are in excess of 5%: Indianapolis Pr. & Lt Co 1st 5s 1957 selling currently at about 98; Louisville

Gas & Electric Co 1st & ref 5s 1952 selling currently at about 100; Northern States Power Co 1st & ref 5s 1941 selling currently at about 100.



CURRENT LITERATURE FOR INVESTORS

Selecting Bonds for Safe Investment: Explaining why men who know consider bonds, especially at the present time, the best kind of investment. Address Harris, Forbes & Co., 56 William St., New York.

* * *

The Secret of Financial Success: Half of the secret—to give it away—is simply “save systematically” and this book tells how to do it. Write the Lawyers Mortgage Co., 56 Nassau St., New York.

ASTHMA

The relief obtained from vaporized Cresolene in attacks of difficult breathing in nervous and bronchial asthma is not generally understood.



Vapo-Cresolene

for whooping cough, bronchitis or nasal colds is widely recommended; but the benefit derived in asthmatic conditions is not appreciated.

Cresolene, (specially prepared cresols of coal tar) is vaporized near the bed at night when the patient may rest undisturbed.

THE VAPO - CRESOLENE CO.

62 Cortlandt Street,

New York City

National Medicinal Products



AMPYDIN

(Amidopyrine-National)

VALUABLE for its prompt and effective relief of pain without undesirable by-effects. Prescribed by physicians in steadily increasing numbers for relieving pain of headache, dysmenorrhea, neuritis, migraine and similar conditions.

Supplied in crystals, 5 grain capsules, and 5 grain tablets.

Trial sample and literature on request.

Pharmaceutical Laboratories

National Aniline & Chemical Co., Inc.

40 Rector Street,

New York, N. Y.





Recommend Mistol for the Nose and Throat

MISTOL has proven especially efficacious in coughs and colds, simple, congestive and catarrhal rhinitis, hoarseness, bronchitis and laryngitis.

Mistol consists of menthol, eucalyptol and camphor carefully combined in proportions recommended by leading nose and throat specialists. A specially prepared petroleum base keeps the soothing, healing ingredients in direct contact with the mucous membrane for a considerable length of time. Moreover, it prevents it being easily washed away by the natural secretions.

Mistol and the Mistol Dropper are a real advance in nose and throat therapy. With head tilted back, the patient should let Mistol drop into each nostril until it is felt to be running into the back of the throat. Unlike douches, Mistol avoids any possibility of sinus trouble. It is manifestly superior to salves which do not reach all parts of the mucous membrane.

Sold in original sealed cartons containing a two ounce bottle and Mistol Dropper.

Mistol
REG. U. S. PAT. OFF.

Made by NUJOL LABORATORIES, STANDARD OIL CO. (New Jersey)

Vol.